

RESULTS OF ROENTGENIZATION IN SUPERFICIAL MALIGNANCIES.*

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From time to time an article dealing with the X-Ray creeps into the newspapers and an occasional Ray injury is there so distorted and magnified that the lay-readers get very erroneous ideas regarding this matter, even to the point of abject fear of coming into contact with the X-Ray apparatus. Several of these newspaper writers go so far as to designate as quacks any one who dares to employ the X-Ray therapeutically.

Nor is this attitude found alone in the lay-mind, for not infrequently physicians take the same stand. For example, at the last meeting of this society, a well known and highly qualified member made the statement that he was glad of an opportunity to raise his voice against the travesty of treating cancer by means of the Roentgen Rays.

Despite such authority, I have for the past seven years made a rather exhaustive study and use of the Roentgen Rays and believe that I am in a position to speak with some assurance upon this matter.

Referring to the subject, cancer, there is no argument among scientific men as to its treatment. Cancer is, and probably always will be, essentially a surgical disease, and, therefore, thorough removal by surgical means is warranted wherever the location of the lesion is suitable. It is, however, within the realm of possibilities that the future may develop a corrective which will prevent cancerous cell perversion. At present we are confronted with a large group of epithelial lesions, many of which are true cancers and that develop upon exposed parts of the body, particularly the face. These do not always respond so favorably to operative interference, but are happily amenable to Roentgenization. I have no hesitation in affirming that in the X-Rays we have the most potent weapon that science has so far placed in our hands to combat superficial malignant disease.

The patients that I beg to present to you by means of stereopticon views, have nearly all been referred by members of this society. A number of the lesions exhibited have been curetted, pasted and wholly extirpated from one to twenty times with as many recurrences, before the X-Rays were employed. Microscopical examinations have been made, in a majority of the cases, to demonstrate the malignancy. The original photos, being made with a small kodak, do not present the lesions as clearly as I would like to have them appear. Some of the patients with facial disease, naturally, refused to be photographed. Others failed to return for a clean view after the lesion was healed. Enough will be demonstrated, I trust, to prove conclusively that from a therapeutical standpoint the Roentgen Rays are neither a travesty nor quackery.

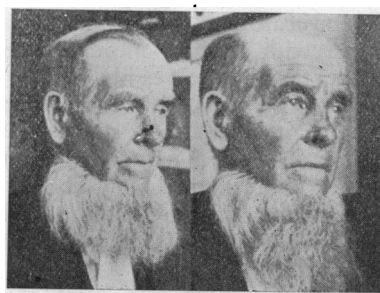


Fig. 1—Lupus of Nose before and after treatment.



Fig. 2—Epithelioma Lower Lip before and after treatment.

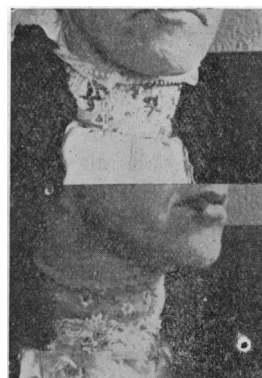


Fig. 3—Epithelioma Lower Lip before and after treatment.



Fig. 4—Epithelioma Upper Eyelid before and after treatment.



Fig. 5—Epithelioma Lower Eyelid before and after treatment.

* Read before the Southern California Medical Society.

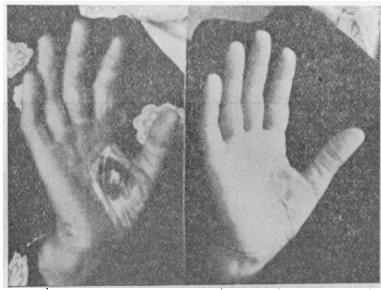


Fig. 6—Mixed Tumor of Hand before and after treatment.

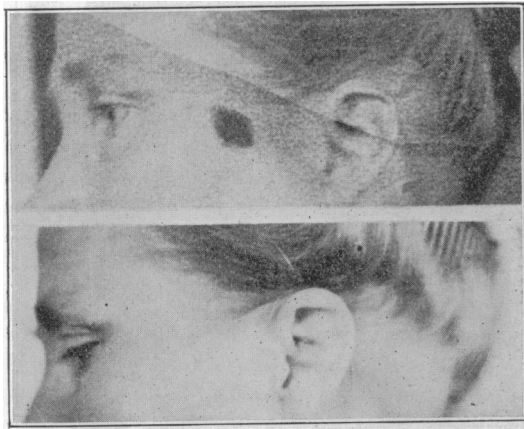


Fig. 7—Pigmented Tumor of Cheek before and after X-Ray treatment.

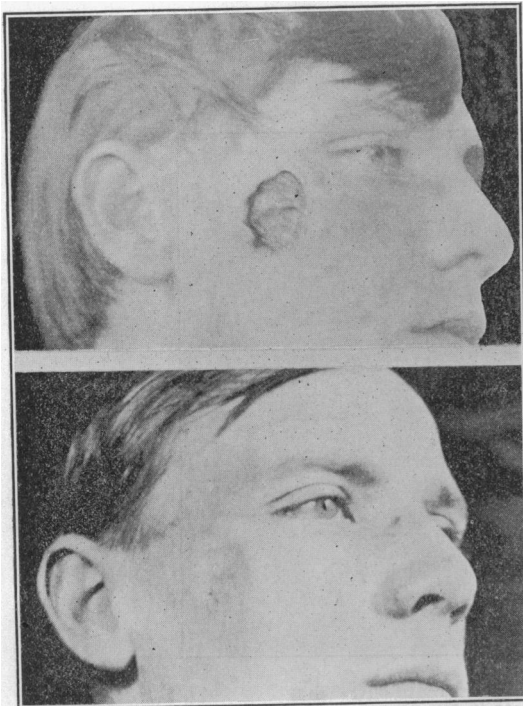


Fig. 8—Epithelioma of Cheek, removed four times by knife, healed in three weeks by X-Rays.

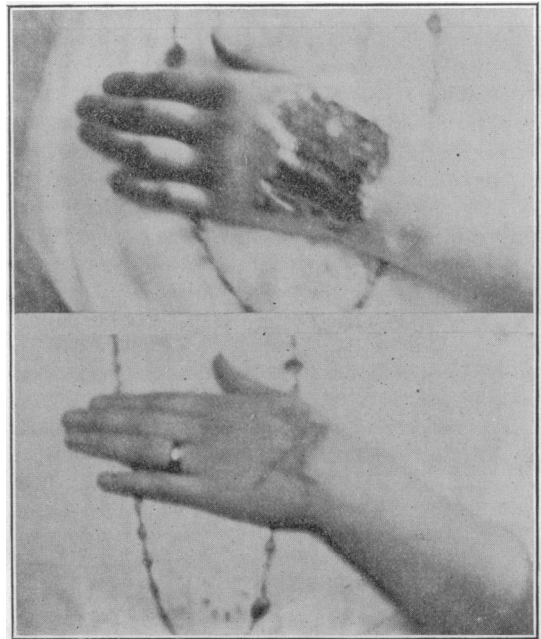


Fig. 9—Tubercular Ulcer of Hand before and after X-Ray application.

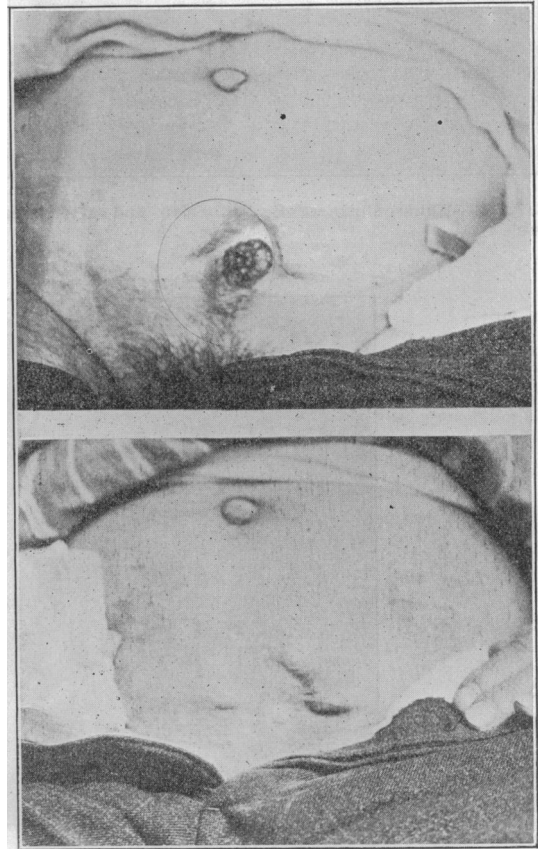


Fig. 10—Tubercular Ulcer with Sinus leading into bladder. Closed by X-Ray applications after cauterizing had failed.

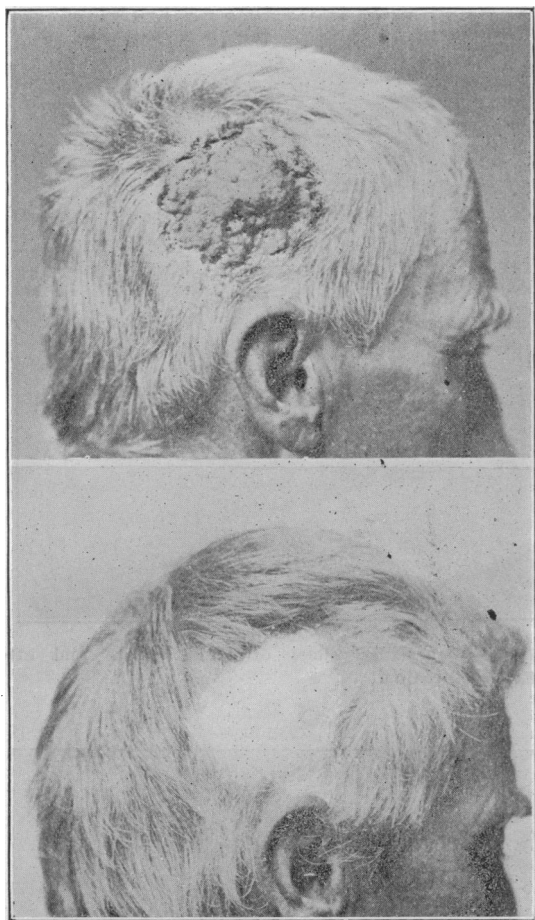


Fig. 11—Tuberculosis of Scalp before and after treatment.

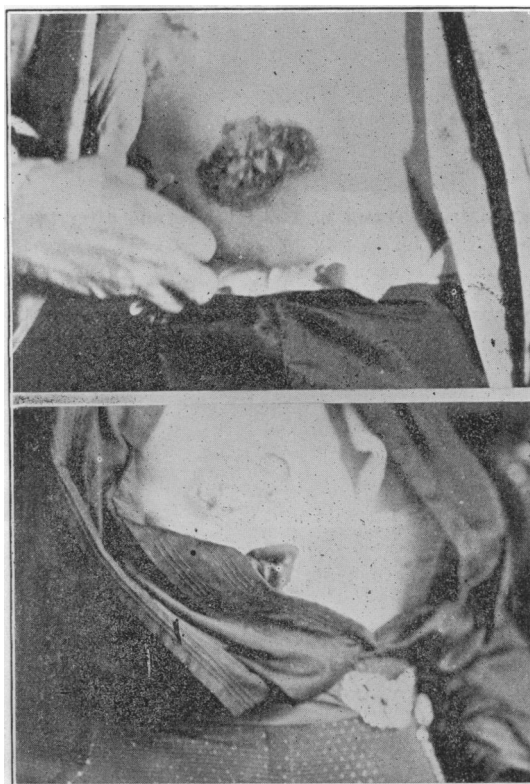


Fig. 12—Cancer of Breast before and after Roentgenization.



Fig. 13—Rodent Ulcer before and after treatment. This case was curetted and pasted 20 times in ten years.